

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90132 034 \*\*\*\*50.00

**DOCUMENT # L02000025458**

1. Entity Name  
**BAREFOOT PROPERTIES, LLC**



Principal Place of Business  
**2421 CO HWY 30-A  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**1414 CO HWY 283 S  
PMB #119  
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**52-2384011**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BURKE, LES W ESQ  
BURKE & BLUE, P.A.  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SPRENKLE, JASON  
8638 E CO HWY 30-A UNIT C402  
PANAMA CITY BEACH, FL 32413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TEW, MORTIN *MARILYN*  
2600 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/8/04*  
Date

*(250) 832-8036*  
Daytime Phone #